



UNITED STATES PATENT AND TRADEMARK OFFICE

COMMISSIONER FOR PATENTS
UNITED STATES PATENT AND TRADEMARK OFFICE
WASHINGTON, D.C. 20231
www.uspto.gov



Bib Data Sheet

CONFIRMATION NO. 2056

SERIAL NUMBER 09/365,651	FILING DATE 08/02/1999 RULE	CLASS 705 358/909.1	GROUP ART UNIT 3625	ATTORNEY DOCKET NO. SVT-1
APPLICANTS G. VICTOR TREYZ, LARCHMONT, NY; SUSAN M. TREYZ, LARCHMONT, NY;				
** CONTINUING DATA <i>N CAN</i> *****				
** FOREIGN APPLICATIONS <i>N CAN</i> *****				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY ** ** 08/25/1999				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Allowance <i>can</i>		STATE OR COUNTRY NY	SHEETS DRAWING 43	TOTAL CLAIMS 20
Verified and Acknowledged Examiner's Signature _____ Initials _____		INDEPENDENT CLAIMS 3		
ADDRESS G. Victor Treyz 868 Nantucket Court Sunnyvale, CA 94087				
TITLE ONLINE DIGITAL IMAGE-BASED PRODUCT ORDERING SYSTEM				
FILING FEE RECEIVED 380	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	

SERIAL NUMBER 09/365,651	FILING DATE 08/02/99	CLASS 709	GROUP ART UNIT 2756 2165	ATTORNEY DOCKET NO. SVT-1
-----------------------------	-------------------------	--------------	---	------------------------------

APPLICANT

G. VICTOR TREYZ, LARCHMONT, NY; SUSAN M. TREYZ, LARCHMONT, NY.

****CONTINUING DOMESTIC DATA****
VERIFIED

CIATV

****371 (NAT'L STAGE) DATA****
VERIFIED

CIATV

****FOREIGN APPLICATIONS****
VERIFIED

CIATV

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 08/25/99 ** SMALL ENTITY **

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> Met after Allowance <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY NY	SHEETS DRAWING 43	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 3
Verified and Acknowledged			Examiner's Initials <u>CIATV</u>	Initials _____		

ADDRESS

G VICTOR TREYZ
37 VANDERBURGH AVENUE
LARCHMONT NY 10538

TITLE

ON-LINE IMAGE SYSTEM

FILING FEE RECEIVED

\$380

FEES: Authority has been given in Paper
No. _____ to charge/credit DEPOSIT ACCOUNT
NO. _____ for the following:

- ☐ All Fees
- ☐ 1.16 Fees (Filing)
- ☐ 1.17 Fees (Processing Ext. of time)
- ☐ 1.18 Fees (Issue)
- ☐ Other _____
- ☐ Credit